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FACSIMILE COVER SHEET

то:	Examiner Ella Colbert U. S. Patent & Trademark Office Group Art Unit 3694				
FROM:	Damond E. Vadnais, Reg. No. 52,310				
RE:	U.S. Application No. 09/547,284 Atty. Docket No.: 00862.021892.				
FAX NO.:	(571) 273-8300			······	
DATE:	July 2, 2007	NO. OF PAGES: (including cover page)	20		
TIME:	5:40 P.M.	SENT BY:	<u>L</u> .s		

MESSAGE

Attachments:

1) Amendment and Statement of Substance of Interview Transmittal

2) Amendment and Statement of Substance of Interview

3) Forms PTO-1449 for Information Disclosure Statements dated:
October 2, 2003, October 10, 2003, October 20, 2003,
October 24, 2003, November 5, 2003, and November 18, 2003.

Certificate of Transmission

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office on:

July 2, 2007 Date

Signature

<u>Damond E. Vadnais, Reg. No. 52,310</u> Name of person signing certificate

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JUL 2 - 2007

In re Application of:

Docket No. 00862.021892.

HIROSHI SATOMI, et al.

Application No.: 09/547,284

Examiner: Ella Colbert

Filed: April 11, 2000

Group Art Unit: 3694

For: INFORMATION PROVIDING METHOD, INFORMATION PROVIDING SYSTEM,

TERMINAL APPARATUS, AND STORAGE

MEDIUM STORING INFORMATION

PROVIDING PROGRAM

Date: July 2, 2007

Mail Stop Amendment THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment and Statement of Substance of Interview in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

	,	С	LAIMS AS AMEI	NDED	•	
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* · 9	MINUS	** 90	= 0	x \$25 \$50	\$0
INDEP. CLAIMS	* 3	MINUS	***	= 0	x \$100 \$200	\$0
Fee for Multiple Dependent claims \$180°/\$360					\$0	
			TOTAL ADDITI			\$ 0

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	Verified Statement claiming small entity status is enclosed, if not filed previously.
Ш	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed
X	Any prior general authorization to charge an issue fcc under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Daniond E. Vadnais Attorney for Applicants

Registration No.: 52,310

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

Form #120

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